## **CITY OF GARLAND**

## **VENDOR APPLICATION**

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Business Name:				
Taxpayer Name:				
if different from business name, must mate	h federal tax ide	entification number f	for 1099s)	
Payment address:		<del></del>	, , , , , , , , , , , , , , , , , , ,	
for employees: only dept. no. is required for address)				
		<del>-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>		
Phone No:			Fax No:	
E-Mail address:				
Purchasing address:				
Address for mailing		444		
Bids or Purchase Orders if different from above)		······		
a dinesesse nom above;				
Sales Representative:				
Phone No:	Fax No:			
E-Mail address:				
REQUIRED:				
Social Security No.			38+ ************************************	personal contract of the contr
or Federal Tax Identification	n No		_	
The City of Garland is an active supporter of ts purchases from HUB companies through				
/isit www.garlandpurchasing.com for furthe	er information.			
Minority Owned Business:	Yes	_ NO	If yes, provide	State HUB Certification copy.
Type of products or service	es provide	ed:		
(please check explanation that applies) d			<u>ONE</u>	Return completed application to:
A. products/goods	F. Profess	ional services:		City of Garland
3. PARD class instructors:		w payments:		Finance Dept. 3rd Floor
C. ROW/land/bldg purchases:		ing Landlords:		P O Box 469002
D. Employee: (expense reimb)	I. Insurar	nce Claimants:		Garland, TX 75046-9002
E. Construction	J. Other S	ervices		or fax to: 972-205-2810
Other/Explain:			essacratistis (especial control of the control of t	
I hereby certify that the above in	ıformation i	s true and corr	ect to the best of m	y knowledge.
(Date of request)	(Vendor signature, required)			
		(for e	mployees, superviso	or signature required)

NOTE: W-9 must accompany vendor application except employees and insurance claimants
Internal Revenue Service Requirement!